

INFORMATION REQUIRED FOR COMPLETION OF THE REGISTRATION OF MARRIAGE FORM

The following information is required to prepare the registration of marriage which must be signed by the bride and groom at the time of the marriage ceremony.

Please complete all items in FULL and return the completed form immediately to the commissioner.

Marriage License #

SPOUSE #1

SURNAME (prior to this marriage) _____

First Name _____

Middle Name _____

Marital Status (circle one):

Religious Denomination _____

Date of Birth MM/DD/YYYY _____

Place of Birth - City, town or other place, Province or Country

If registered under the Indian Act: (optional)

Name of Band: _____

Registry Number: _____

Complete Residence Address: street, box # or legal land description

City, Town or other place _____

Province (or country) _____

Postal Code _____

Surname of Father _____

Given Names of Father _____

Place of Birth of Father - City, Town, province or country _____

Maiden Surname of Mother _____

Given Names of Mother _____

Place of Birth of Mother - City, Town, province or country _____

SPOUSE #2

SURNAME (prior to this marriage) _____

First Name _____

Middle Name _____

Marital Status (circle one): _____

Religious Denomination _____

Date of Birth MM/DD/YYYY _____

Place of Birth - City, town or other place, Province or Country _____

If registered under the Indian Act: (optional)

Name of Band: _____

Registry Number: _____

Complete Residence Address: street, box # or legal land description

City, Town or other place _____

Province (or country) _____

Postal Code _____

Surname of Father _____

Given Names of Father _____

Place of Birth of Father - City, Town, province or country _____

Maiden Surname of Mother _____

Given Names of Mother _____

Place of Birth of Mother - City, Town, province or country _____

Witness #1 (must be 18 years of age or over)

Last Name of Witness #1 _____

First Name of Witness #1 _____

Complete Residence Address of Witness: _____

City, Town or other place _____

Province (or country) _____

Postal Code / Zip Code: _____

Witness #2 (must be 18 years of age or over)

Last Name of Witness #2 _____

First Name of Witness #2 _____

Complete Residence Address of Witness: _____

City, Town or other place _____

Province (or country) _____

Postal Code / Zip Code: _____

Place of Marriage Ceremony: _____

Full street address or Legal Land Description:
